

ATTORNEY DOCKET NO.  
1131-0488P

# COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

Insert Title: ➡ SHREDDED TOBACCO FEEDING APPARATUS FOR A CIGARETTE MANUFACTURING MACHINE

the specification was filed on \_\_\_\_\_ as  
United States Application Number \_\_\_\_\_,  
and amended on \_\_\_\_\_ ( if applicable); and/or  
the specification was filed on \_\_\_\_\_ as PCT  
International Application Number \_\_\_\_\_; and was  
amended on \_\_\_\_\_ (if applicable)

<input checked="" type="checkbox"/>	<input type="checkbox"/>
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Country	Application Number	Date of Filing (Month / Day / Year)
_____	_____	_____

(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

I hereby appoint the practitioners at **CUSTOMER NO. 2292** as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**PLEASE NOTE:  
 YOU MUST  
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Full Name of First or  
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 Insert Name of Inventor  
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 Insert Citizenship

Insert Mailing  
 Address

Full Name of Second  
 Inventor, if any:

see above

Full Name of Third  
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Full Name of Fourth  
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\* DATE OF SIGNATURE